

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, VA 23233  
(804) 367-8506 or 367-8512  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



Board for Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects  
**LAND SURVEYOR & SURVEYOR-IN-TRAINING**  
**DEGREE VERIFICATION FORM**

**Instructions**

**Section A:** To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-addressed envelope.

**Section B:** To be completed by the institution listed in **Section A #7** and returned to the applicant.

**Section A**

1. Applicant's Name

\_\_\_\_\_  
Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number\*

-  -

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth

\_\_\_\_\_

4. Mailing Address (PO Box accepted)

\_\_\_\_\_

City

State

Zip Code

5. E-mail Address

\_\_\_\_\_

6. Contact Numbers

Primary Telephone

Alternate Telephone (Cell, Beeper, etc.)

Facsimile

7. Name of Institution

\_\_\_\_\_

8. Address of Institution

\_\_\_\_\_

City

State

Zip Code

9. Dates Attended

From

\_\_\_\_\_

To

\_\_\_\_\_

10. Degree

\_\_\_\_\_

11. Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**Section B**

*Certification*

I hereby certify that the individual named in **Section A #1** graduated from this school/institution.

Degree

\_\_\_\_\_

Major

\_\_\_\_\_

Date Degree Received

\_\_\_\_\_

Signature

\_\_\_\_\_

Official Title

\_\_\_\_\_

*Affix official school seal here.*